



Embassy of Hungary
New Delhi

Applicants name:.....
Reference number:.....

RESIDENCE PERMIT FOR THE PURPOSE OF VOLUNTARY SERVICE

SUBMITTED

GENERAL ENCLOSURES	YES	NO
Duly filled and signed application form for residence permit and Appendix 9.21 –find it on the website of National Directorate-General for Aliens Policing of Hungary : http://oif.gov.hu/forms		
Valid passport and the previous (old) passports (at least 2 blank pages in the valid passport are needed and the passport has to be issued within the previous 10 years). The validity period of the valid travel document must have at least three months remaining at the time the authorized duration of residence expires.		
Statement undertaking the commitment of voluntary exit if the residence permit will expire		
Valid travel insurance		
Police Clearance Certificate		
Bank statement of the last 6 months		

DOCUMENTS EVIDENCING THE PURPOSE OF RESIDENCE (MANDATORY)	YES	NO
Voluntary contract concluded with the host organization.		

DOCUMENTS EVIDENCING SUBSISTENCE	YES	NO
Income certificate issued by the tax authority for the previous year and		
Host agreement containing contribution to you and		
6 months bank statement.		

DOCUMENTS PROVING THE EXISTENCE OF HUNGARIAN ACCOMMODATION	YES	NO
A residential lease contract or		
A document on accommodation by courtesy, and the consent of the usufruct beneficiary (if the property is burdened by usufruct) or		
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Documentary evidence to verify the reservation of accommodation and payment or		
A notarized statement made by a family member providing the accommodation, promising lodging to the applicant or		
A real estate sales contract and a copy of the decision of the competent Budapest or county government agency granting permission for the acquisition of a real estate property.		

DOCUMENTS EVIDENCING COMPREHENSIVE HEALTHCARE SERVICES	YES	NO
A copy of the social security card issued by Hungarian authorities or		
Business health insurance policy allowing access to comprehensive healthcare services and a document in proof of paying the insurance fee or		
Bank account balance statement on the coverage for possible healthcare service costs.		

Note:

- ***Only original documents are accepted.***
- ***Please bring one extra set of Photocopy of all the documents you wish to submit. Also bring full copy of the valid passport.***
- ***The Embassy reserves the right to request further documentation.***

Contact of applicant (Tel): _____ Email: _____

Signature (applicant) : _____ SO Name: _____

Location: _____ Date: _____